

ATTACHMENT H.1: NHAMCS Hospital Induction Form

OMB No. 0920-0278; Exp. Date: _____

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INTRO_APPT

Text: Hello,

This is ... from the U.S. Census Bureau.

I'm (calling/visiting) to let you know that this hospital will be included in our study.

I would like to arrange to meet with you so that I can better present the details of the study.

Is there a convenient time within the next week or so that I could meet with you or your representative?

◆ [Enter 999 to start the induction interview](#)

NAMECHEK

Text: **Let me verify that I have the correct name and address for your hospital. Is the correct name (facility name)?**

1. Yes
2. No

HSP_NAME

Text: **What is your hospital's name?**

◆ [Enter 1 to update the hospitals name](#)

1. Enter 1 to update information
2. Continue

ADDCHK

Text: **Is your hospital located at (Facility Address)**

1. Yes
2. No

HSP_ADDRESS

Text: **What is the correct address?**

- ◆ [Enter 1 to update the hospitals address](#)

MAILADD

Text: **Is this also the mailing address?**

(Facility Address)

1. Yes
2. No

MHSP_STRET

Text: **What is the correct mailing address?**

- ◆ [Enter the number and street or press enter if same](#)

INTRO_AB

Text: **(Although you have not received the letter,) I'd like to briefly explain the study to you at this time and answer any questions about it.**

The National Center for Health Statistics of the Centers for Disease Control and Prevention is (conduct an/continue its) annual study of hospital-based ambulatory care.

(Intro for the survey)

Before discussing the details, I would like to verify our basic information about (facility name) to be sure we have correctly included this hospital in the study. First, concerning licensing:

LICHOSP

Text: **Is this facility a licensed hospital?**

1. Yes
2. No

OWN101

Text: **Is this hospital nonprofit, government, or proprietary?**

- ◆ [Read answer categories out loud](#)

1. Nonprofit (includes church-related, nonprofit corporation, other nonprofit ownership)
2. State or local government (includes state, county, city, city-county, hospital district or authority)
3. Proprietary (includes individually or privately owned, partnership or corporation)

OWNHCC

Text: **Is this hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities (e.g., HCA or Health South)?**

1. Yes
2. No
3. Unknown

TEACHOSP

Text: **Is this a teaching hospital?**

1. Yes
2. No

MERGER

Text: **Did this hospital either merge or separate from any OTHER hospital in the past 2 years?**

1. Merged or separated
2. No
3. Unknown

MERSEP

Text: **Was this a merger or a separation?**

MERGMEDR

Text: **Does YOUR hospital have its own medical records department that is separate from that of the OTHER hospital?**

1. Yes
2. No
3. Unknown

OTHNAME

Text: **What is the name and address of this OTHER hospital?**

◆ [Enter name](#)

ESA24

Text: **Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?**

1. Yes
2. No

ESANOT24

Text: **Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?**

1. Yes
2. No

TRAUMA

Text: **What is the trauma level rating of this hospital?**

1. Level I
2. Level II
3. Level III
4. Level IV
5. Level V
6. Other/unknown
7. None

OOOPD

Text: **Does this hospital operate an organized outpatient department either at this hospital or elsewhere?**

1. Yes
2. No

PHYSSERV

Text: **Does this OPD include physician services?**

1. Yes
2. No

AMBSURG

Text: **Ambulatory surgery locations include a general or main operating room, dedicated ambulatory surgery room, satellite operating room, cystoscopy room, endoscopy room, cardiac catheterization lab, laser procedures room, or a pain block room.**

Does this hospital have locations that perform ambulatory surgery?

1. Yes
2. No

ELIGREQ

Text: **** Not displayed ****

STUDY_DESC

Text: **Thank you.**

◆ Explain the following ONLY if this is a new hospital. Provide the administrator or other hospital representative with a brief description of the study.

Cover the following points -

Now I would like to provide you with further information on the study.

(1) NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery locations.

(2) NHAMCS is endorsed by the:
American College of Emergency Physicians
Emergency Nurses Association
Society for Academic Emergency Medicine
American College of Osteopathic Emergency Physicians
Federation of American Hospitals
Ambulatory Surgery Center Association
American College of Surgeons
American Health Information Management Association
American Academy of Ophthalmology
Society for Ambulatory Anesthesia

(3) Nationwide sample of about 600 hospitals.

(4) Four-week data collection period

(5) Brief form completed for a sample of patient visits.

As one of the hospitals that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory care.

INDUCTION_APPT

Text: **I would like to arrange to meet with you so that I can better present the details of the study.**

Is there a convenient time within the next week or so that I could meet with you or your representative?

◆ Record day, date and time of appointment.

◆ Enter 999 if the respondent wants to continue with the induction now.

SCREENER_THK

Text: **Thank you for your cooperation.
I am looking forward to our meeting.**

THANK_MERGSEP

Text: **Since your hospital has merged or separated within the last 2 years, I need to get further instructions from the Centers for Disease Control and Prevention (CDC) on how to proceed. I will call you back within a week and let you know which parts of your hospital will be in the survey. Thank you for your cooperation.**

CALLRO_MERGSEP

Text: ♦ **Call your RO and inform them of the situation.
Await resolution from the RO before continuing with this case.**

THANK_B1

Text: **Thank you, but it seems that our information is incorrect. Since (facility name) is not a licensed hospital, it should not have been chosen for our study. Thank you very much for your cooperation.**

THANK_B2

Text: **Thank you, but it seems that our information is incorrect. Since (facility name) does not have 24-hour emergency services(, outpatient clinics, or ambulatory surgery centers,) it should not have been chosen for our study. Thank you very much for your cooperation.**

REVIEW

Text: **I would like to begin with a brief review of the background for this study.**

♦ **Provide the administrator or other hospital representative with a brief introduction to the study and a general overview of procedures.**

Press F1 for points to be covered

SURGDAY

Text: **Now I would like to ask you a few more questions about your hospital.**

How many days in a week are inpatient elective surgeries scheduled?

♦ **Enter CTRL-D if unknown**

BEDCZAR

Text: **Does your hospital have a bed coordinator, sometimes referred to as a bed czar?**

1. Yes
2. No
3. Unknown

BEDDATA

Text: **How often are hospital bed census data available?**

◆ [Read answer categories.](#)

1. Instantaneously
2. Every 4 hours
3. Every 8 hours
4. Every 12 hours
5. Every 24 hours
6. Other
7. Unknown

HLIST

Text: **Does your hospital have hospitalists on staff?**

A hospitalist is a physician whose primary professional focus is the general care of hospitalized patients.

He/she may oversee ED patients being admitted to the hospital.

1. Yes
2. No
3. Unknown

HLISTED

Text: **Do the hospitalists on staff at your hospital admit patients from your ED?**

1. Yes
2. No
3. Unknown

EMEDRES

Text: **Does this hospital have an emergency medicine residence program?**

1. Yes
2. No
3. Unknown

MUINC

Text: **Medicare and Medicaid offer incentives to hospitals that demonstrate "meaningful use of Health IT". Does your hospital have plans to apply for Stage 1 of these incentive payments?**

1. Yes, we already applied
2. Yes, we intend to apply
3. Uncertain if we will apply
4. No, we will not apply

MUSTAGE2

Text: **Are there plans to apply for Stage 2 incentive payments?**

1. Yes
2. No

3. Maybe
4. Unknown

PERMPART

Text: **As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has been assigned to a 4-week data collection period beginning on Monday, (Reporting period begin date).**

First, I would like to discuss the steps needed to obtain approval for the study.

Are there any additional steps needed to obtain permission for the hospital to participate in the study?

1. Yes
2. No

PERMPARTSPEC

Text: ♦ Specify the necessary steps needed to obtain permission for the hospital to participate in the study

Include the name, address, phone and title of the person(s) who can grant approval

PERM_THANK

Text: **Thank you for your help.**

RO_PERMISSION

Text: ♦ Call the Regional Office to inform them of the additional steps needed to obtain permission

VSREPPER

Text: **Now I would like to make arrangements to obtain the information needed for sampling.**

I will need to (know/verify) how your (emergency department and/or outpatient department and/or ambulatory surgery location) (is/are) organized and obtain an estimate of the number of patient visits expected during the 4-week reporting period. Would you prefer I (get/verify) this information from you or someone else?

1. Respondent
2. Someone else

CINFO

Text: **What is the name of the person with whom I should speak?**

♦ Enter 1 to enter/update hospital contact information
Enter 2 to enter/update department contact information

1. Hospital level contact
2. Department contact

3. Continue interview

THANK_RESP

Text: ♦ Thank current respondent for his/her time and cooperation

CONTACT_DEPT

Text: ♦ (All eligible departments are complete. Enter 9 to wrap up the case./All eligible departments are complete or refusals. Press F10 if you plan to fol

Department Status

ED (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmpl / Inelig/DK-Followup - AUs created/DK-Followup - AUs NOT created/Complete - AUs NOT create ((Dk Follow-up)/)

OPD (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmpl / Inelig) ((Dk Follow-up)/)

ASL (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmpl / Inelig) ((Dk Follow-up)/)

1. ED
2. OPD
3. ASL
4. Department refusal
5. Department callback
9. Induction Interview Complete - Wrap up case

WHICH_DEPT

Text: ♦ Which department (is refusing/are you setting a callback for)?

1. ED
2. OPD
3. ASL

INTRO_ED

Text: ♦ If necessary, introduce yourself and explain the survey

Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department

ESA_NAME

Text: **(What is the name of the (first/next) emergency service area? /Are there any other emergency service areas?)**

♦ Enter 999 for no more

ESA_TYPE

Text: **What type of ESA is (ESA name)?**

1. General
2. Adult

3. Pediatric
4. Urgent care/Fast track
5. Psychiatric
6. Other

ESA_EVISITS

Text: **What is the expected number of visits from (Reporting period begin date) to (Reporting period end date) for (ESA name)?**

TWICELY

Text: ♦ Is the number of expected visits to any of the ESAs more than twice the number on the previous sampling plan?

	<u>ESA</u>	<u>Visits</u>	<u>Visits Previous</u>
	(ESA NAME	Current visits	Previous visits)

1. Yes
2. No

TWICELY_SPEC

Text: ♦ Specify why visits have increased this year or were too low the last time the ED participated

HALFLY

Text: ♦ Is the number of expected visits to any of the ESAs less than half of the number of visits on the previous sampling plan?

	<u>ESA</u>	<u>Visits</u>	<u>Visits Previous</u>
	(ESA NAME	Current visits	Previous visits)

1. Yes
2. No

HALFLYSPEC

Text: ♦ Specify why visits have decreased this year or were too high the last time the ED participated

EBILLRECE

Text: **Now I would like to ask you some questions about your ED.**

♦ If ESAs within the ED vary with respect to their use of the EHR/EMR systems, then ask these questions of the ESA with the largest number of expected visits during the reporting period.

Does your ED submit any CLAIMS electronically (electronic billing)?

1. Yes
2. No
3. Unknown

EMEDRECE

Text:

Does your ED use an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.

◆ [Read answer categories](#)

1. Yes, all electronic
2. Yes, part paper and part electronic
3. No
4. Unknown

EHRINSYRE

Text: **In which year did your ED install the current EHR/EMR system?**

HHSMUE

Text: **Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?**

EHRNAME13

Text: **What is the name of your current EHR/EMR system?**

1. Allscripts
2. Amazing Charts
3. athenahealth
4. Cerner
5. eClinicalWorks
6. e-MDs
7. Epic
8. GE/Centricity
9. Greenway Medical
10. McKesson / Practice Partner
11. NextGen
12. Practice Fusion
13. Sage/Vitera
14. Other - Specify
15. Unknown

EHRNAMOTHE

Text: ◆ [Enter name of EHR/EMR system](#)

SECURCHCKE

Text: **Has your hospital made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This would help identify privacy or security related issues that may need to be corrected.**

1. Yes
2. No

3. Unknown

DIFFEHRE

Text: **Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?**

1. Yes
2. No
3. Unknown

EHRINSE

Text: **Does your ED have plans for installing a new EHR/EMR system within the next 18 months?**

1. Yes
2. No
3. Maybe
4. Unknown

EDEMOGE

Text: **Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.**

Recording patient history and demographic information?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPROLSTE

Text: **Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.**

Recording patient problem list?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EVITALE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Recording and charting vital signs?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESMOKEE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Recording patient smoking status?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPNOTESE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Recording clinical notes?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDALGE

Text: **Recording patient's medications and allergies?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDIDE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Reconciling lists of patient medications to identify the most accurate list?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EREMINDE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Providing reminders for guideline-based interventions or screening tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECPOEE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Ordering prescriptions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESCRIBE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Are prescriptions sent electronically to the pharmacy?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No

5. Unknown

EWARNE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Are warnings of drug interactions or contraindications provided?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EFORMULAE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Are drug formulary checks performed?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECTOEE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Ordering lab tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EORDERE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Are orders sent electronically?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ERESULTE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Viewing lab results?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGRAPHE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Can the EHR/EMR automatically graph a specific patient's lab results over time?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ERADIE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Ordering radiology tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMGRESE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Viewing imaging results?

1. Yes, used routinely

2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTEDUE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Identifying educational resources for patients' specific conditions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECQME

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIDPTE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Identifying patients due for preventive or follow-up care in order to send patients reminders?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGENLISTE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Generating lists of patients with particular health conditions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMMREGE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Electronic reporting to immunization registries?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESUME

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Providing patients with clinical summaries for each visit?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMSGE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Exchanging secure messages with patients?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTRECE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Providing patients the ability to view online, download or transmit information from their medical record?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESHAREE

Text: **The next questions are about sharing (either sending or receiving) patient health information.**

Does your hospital share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

ESHAREHOWE

Text: **How does your hospital electronically share patient health information?**

◆ [Read answer categories](#)

[Enter all that apply, separate with commas](#)

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method (not fax)

ESHAREHOWOTHE

Text: ◆ [Specify other electronic method](#)

EHRTOEHRE

Text: **Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?**

1. Yes, routinely
2. Yes, but not routinely
3. No
4. Unknown

ESHAREPROVE

Text: **With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? Enter all that apply.**

1. Ambulatory providers inside your hospital
2. Ambulatory providers outside your hospital
3. Hospitals with which you are affiliated
4. Hospitals with which you are not affiliated
5. Behavioral health providers
6. Long-term care providers
7. Home health providers

EDPRIM

Text: **When patients with identified primary care physicians arrive at the Emergency Department, how often do you electronically send notifications to the patients' primary care physicians?**

1. Always
2. Sometimes
3. Rarely
4. Never
5. Do not know

EDINFO

Text: **When patients arrive at the Emergency Department, are you able to query for patients' healthcare information electronically (e.g. medications, allergies) from outside sources?**

1. Yes
2. No
3. Don't know

OBSUNITS

Text: **Does your ED have an observation or clinical decision unit?**

1. Yes
2. No
3. Unknown

OBSSEP

Text: **Is this observation or clinical decision unit physically separate from the ED?**

1. Yes
2. No
3. Unknown

OBSDECMD

Text: **What type of physicians make decisions for patients in this observation or clinical decision unit?**

◆ Enter all that apply, separate with commas

1. ED physicians
2. Hospitalists
3. Other physicians
4. Unknown

BOARD

Text: **Are admitted ED patients ever "boarded" for more than 2 hours in the ED or the observation unit while waiting for an inpatient bed?**

1. Yes
2. No
3. Unknown

BOARDHOS

Text: **Does your ED allow some admitted patients to move from the ED to inpatient corridors while awaiting a bed ("boarding") - sometimes called a "full capacity protocol?"**

1. Yes
2. No
3. Unknown

AMBDIV

Text: **Did your ED go on ambulance diversion in TOTHRDIV_FILL?**

1. Yes
2. No
3. Unknown

TOTHRDIV

Text: **What is the total number of hours that your hospital's ED was on ambulance diversion in TOTHRDIV_FILL?**

◆ Enter CTRL-D if data not available

REGDIV

Text: **Is ambulance diversion actively managed on a regional level versus each hospital adopting diversion if and when it chooses?**

1. Yes
2. No
3. Unknown

ADMDIV

Text: **Does your hospital continue to admit elective or scheduled surgery cases when the ED is on ambulance diversion?**

1. Yes
2. No
3. Unknown

NUMSTATX

Text: **As of last week, how many standard treatment spaces did your ED have?**

Standard treatment spaces are beds or treatment spaces specifically designed for ED patients to receive care, including asthma chairs.

◆ Enter CTRL-D if data not available

NUMOTHTX

Text: **As of last week, how many other treatment spaces did your ED have?**

Other treatment spaces are other locations where patients might receive care in the ED, including chairs, stretchers in hallways that may be used during busy times.

◆ Enter CTRL-D if data not available

EDSPACES

Text: **In the last two years, did your ED increase the number of standard treatment spaces?**

1. Yes
2. No
3. Unknown

PHYSSPACE

Text: **In the last two years, did your ED's physical space expand?**

1. Yes
2. No
3. Unknown

EXPAND

Text: **Do you have plans to expand your ED's physical space within the next two years?**

1. Yes
2. No
3. Unknown

BEDREG

Text: **Does your ED use -**

Bedside registration?

1. Yes
2. No
3. Unknown

KIOSELCHK

Text:

Does your ED use -

Kiosk self check-in?

1. Yes
2. No
3. Unknown

CATRIAGE

Text: Does your ED use -

Computer-assisted triage?

1. Yes
2. No
3. Unknown

IMBED

Text: Does your ED use -

Immediate bedding (no triage when ED is not at capacity)?

1. Yes
2. No
3. Unknown

ADVTRIAG

Text: Does your ED use -

Advanced triage (triage-based care) protocols?

1. Yes
2. No
3. Unknown

PHYSRACTRIA

Text: Does your ED use -

Physician/Practitioner at triage?

1. Yes
2. No
3. Unknown

FASTTRAK

Text: Does your ED use -

Separate fast track unit for nonurgent care?

1. Yes
2. No
3. Unknown

EDPTOR

Text: Does your ED use -

Separate operating room dedicated to ED patients?

1. Yes
2. No
3. Unknown

DASHBORD

Text: Does your ED use -

Electronic dashboard (i.e., displays updated patient information and integrates multiple data sources)?

1. Yes
2. No
3. Unknown

RFID

Text: Does your ED use -

Radio frequency identification (RFID) tracking (i.e., shows exact location of patients, caregivers, and equipment)?

1. Yes
2. No
3. Unknown

WIRELESS

Text: Does your ED use -

Wireless communication devices by providers?

1. Yes
2. No
3. Unknown

ZONENURS

Text: Does your ED use -

Zone nursing (i.e., all of a nurse's patients are located in one area)?

1. Yes
2. No
3. Unknown

POOLNURS

Text: Does your ED use -

Pool nurses (i.e., nurses that can be pulled to the ED to respond to surges in demand)?

1. Yes
2. No
3. Unknown

ESA_NAME

Text: ***** SHOW ONLY ****

ESA_TYPE

Text:

1. General
2. Adult
3. Pediatric
4. Urgent care/Fast track
5. Psychiatric
6. Other

ESA_EVISITS

Text: **** SHOW ONLY ****

ASL_ONSITE

Universe: DEL_ASL ne 97 AND ASL_NAME ne 999 AND ASL_EVISITS = 1-99999

Text: ♦ Is (AU Name) on-site?

1. Yes
2. No

ESA_STRET

Text: **What is (ESA name)'s address?**

♦ Enter number and street.

ESA_PHONE

Text: **What is (ESA name)'s telephone number?**

ESA_CONTACT

Text: ♦ Enter ESA contact person's name

INTRO_OPD

Text: ♦ If necessary, introduce yourself and explain the survey

♦ Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's outpatient department

CLIN_NAME

Text: **(What is the name of the (first/next) clinic? /Are there any other clinics?)**

♦ Enter 999 for no more

GENERIC_NAME

Text: **What is the generic name of the clinic?**

◆ Enter XXX if clinic is not listed

CLIN_SELECTGROUP

Text: **What is (Clinic Name)'s specialty group?**

1. General Medicine
2. Surgery
3. Pediatrics
4. Obstetrics/Gynecology
5. Substance Abuse
6. Other

CLIN_EVISITS

Text: **What is the expected number of visits from (Reporting period begin date) to (Reporting period end date) for (Clinic Name)?**

MORECLINSPEC

Text: ◆ List clinics that have opened or should have been included previously

TWICECLINSPEC

Text: ◆ Explain why visits have increased this year or were too low previously

LESSCLINSPEC

Text: ◆ There are fewer clinics this year than in previous panel

Specify which clinics have closed or should not have been included previously

HALFCLINSPEC

Text: ◆ Specify why visits have decreased this year or were too high last year

EBILLRECO

Text: **Now I would like to ask you some questions about your OPD.**

◆ If clinics within the OPD vary with respect to their use of the EHR/EMR systems, then ask these questions of the clinic with the largest number of expected visits during the reporting period.

Does your OPD submit any CLAIMS electronically (electronic billing)?

1. Yes
2. No
3. Unknown

EMEDRECO

Text:

Does your OPD use an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.

1. Yes, all electronic
2. Yes, part paper and part electronic
3. No
4. Unknown

EHRINSYRO

Text:

In which year did your OPD install the current EHR/EMR system?

HHSMUO

Text:

Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

EHRNAMO13

Text:

What is the name of your current EHR/EMR system?

1. Allscripts
2. Amazing Charts
3. athenahealth
4. Cerner
5. eClinicalWorks
6. e-MDs
7. Epic
8. GE/Centricity
9. Greenway Medical
10. McKesson / Practice Partner
11. NextGen
12. Practice Fusion
13. Sage/Vitera
14. Other - Specify
15. Unknown

EHRNAMOTHO

Text:

◆ Enter name of EHR/EMR system

SECURCHCKO

Text:

Has your hospital made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This would help identify privacy or security related issues that may need to be corrected.

1. Yes

2. No
3. Unknown

DIFFEHRO

Text: **Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?**

1. Yes
2. No
3. Unknown

EHRINSO

Text: **Does your OPD have plans for installing a new EHR/EMR system within the next 18 months?**

1. Yes
2. No
3. Maybe
4. Unknown

EDEMOGO

Text: **Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.**

Recording patient history and demographic information?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPROLSTO

Text: **Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.**

Recording patient problem list?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EVITALO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Recording and charting vital signs?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESMOKEO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Recording patient smoking status?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPNOTESO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Recording clinical notes?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDALGO

Text: **Recording patient's medications and allergies?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDIDO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Reconciling lists of patient medications to identify the most accurate list?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EREMINDO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Providing reminders for guideline-based interventions or screening tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECPOEO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Ordering prescriptions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESCRIPO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Are prescriptions sent electronically to the pharmacy?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No

5. Unknown

EWARNO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Are warnings of drug interactions or contraindications provided?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EFORMULAO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Are drug formulary checks performed?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECTOEO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Ordering lab tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EORDERO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Are orders sent electronically?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No

5. Unknown

ERESULTO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Viewing lab results?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGRAPHO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Can the EHR/EMR automatically graph a specific patient's lab results over time?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ERADIO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Ordering radiology tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMGRESO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Viewing imaging results?

1. Yes, used routinely
2. Yes, but not used routinely

3. Yes, but turned off or not used
4. No
5. Unknown

EPTEDUO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Identifying educational resources for patients' specific conditions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECQMO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIDPTO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Identifying patients due for preventive or follow-up care in order to send patients reminders?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGENLISTO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Generating lists of patients with particular health conditions?

1. Yes, used routinely

2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMMREGO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Electronic reporting to immunization registries?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESUMO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Providing patients with clinical summaries for each visit?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMSGO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Exchanging secure messages with patients?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTRECO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Providing patients the ability to view online, download or transmit information from their medical record?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

REFOUTO

Text:

Do you refer any patients to providers outside of your clinic?

1. Yes
2. No

REFOUTSO

Text:

Do you send the patient's clinical information to the other providers?

1. Yes, routinely
2. Yes, but not routinely
3. No

REFOUTSEO

Text:

Do you send it electronically (not fax)?

1. Yes, routinely
2. Yes, but not routinely
3. No

REFINO

Text:

Do you see any patients referred by providers outside of your clinic?

1. Yes
2. No

REFINSO

Text:

Do you send a consultation report with clinical information to the other providers?

1. Yes, routinely
2. Yes, but not routinely
3. No

REFINSEO

Text:

Do you send it electronically (not fax)?

1. Yes, routinely
2. Yes, but not routinely
3. No

INPTCAREO

Text:

Does your clinic take care of patients after they are discharged from an inpatient setting?

1. Yes
2. No

DISSUMO

Text:

Do you receive a discharge summary with clinical information from the hospital?

1. Yes, routinely
2. Yes, but not routinely
3. No

DISSUMEEO

Text:

Do you receive it electronically (not fax)?

1. Yes, routinely
2. Yes, but not routinely
3. No

INCORINFOO

Text:

Can you automatically incorporate the received information into your EHR system without manually entering the data?

1. Yes
2. No
3. Not applicable, do not have an EHR system

ESHAREO

Text:

The next questions are about sharing (either sending or receiving) patient health information.

Does your OPD share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

ESHAREHOWO

Text:

How does your OPD electronically share patient health information?

◆ [Read answer categories](#)

[Enter all that apply, separate with commas](#)

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method (not fax)

ESHAREHOWOTHO

Text: ♦ Specify other electronic method

EHRTOEHRO

Text: **Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?**

1. Yes, routinely
2. Yes, but not routinely
3. No
4. Unknown

ESHAREPROVO

Text:

With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? Enter all that apply.

1. Ambulatory providers inside your hospital
2. Ambulatory providers outside your hospital
3. Hospitals with which you are affiliated
4. Hospitals with which you are not affiliated
5. Behavioral health providers
6. Long-term care providers
7. Home health providers

CLIN_GROUP

Text:

1. General Medicine
2. Surgery
3. Pediatrics
4. Obstetrics/Gynecology
5. Substance Abuse
6. Other

ASL_ONSITE

Universe: DEL_ASL ne 97 AND ASL_NAME ne 999 AND ASL_EVISITS = 1-99999

Text: ♦ Is (AU Name) on-site?

1. Yes
2. No

CLIN_CONTACT

Text: ♦ Enter clinic director/contact person's name

TE

Text: **** NOT DISPLAYED ****

RS

Text: **** NOT DISPLAYED ****

ASL_INTRO

Text: **To develop the sampling plan, I would like to (collect/verify) more specific information about this facility or hospital ambulatory surgery (centers/locations).**

We are interested in the following types of (centers/locations):

General or main operating rooms	Endoscopy rooms
Dedicated ambulatory surgery rooms	Cardiac catheterization labs
Satellite operating rooms	Laser procedures rooms
Cystoscopy rooms	Pain block rooms

1. Continue
2. No in-scope ^centerslocations

ASL_NAME

Text: **(What is the name of the (first/next) ambulatory surgery location? /Are there any other ambulatory surgery locations?)**

◆ Enter only IN_SCOPE (ASCs/ASLs) (Press F1 for in-scope (centers/locations))
Include any (ASCs/ASLs) that are located in satellite facilities
Enter 999 for no more

ASL_SPEC_GRP

Text: **What is ASL Name's specialty group?**

1. General Surgery
2. Multi-specialty
3. Gastroenterology
4. Ophthalmology
5. Orthopedics
6. Pain Block
7. Plastic Surgery
8. Urology
9. Other specialty

ASL_EVISITS

Text: **What is the expected number of ambulatory (outpatient) surgery cases for ASL Name from (Reporting period begin date) to (Reporting period end date)?**

ANYMORE_ASLS

Text: ♦ The max of (15/13) (ASCs/ASLs) were entered.
Are there any more (ASCs/ASLs)?

- 1. Yes
- 2. No

EXTRA_ASLS

Text: ♦ How many other (ASCs/ASLs) are there?

TWICELYAS

Text: ♦ Is the number of expected visits to any of the ASLs more than twice the number shown on the previous sampling plan?

ASL	Visits	Visits Previous
(ASL NAME	Current visits	Previous visits)

- 1. Yes
- 2. No

TWICELYAS_SPEC

Text: ♦ Specify why visits have increased this year or were too low the last time the ASL participated

HALFLYAS

Text: ♦ Is the number of expected visits to any of the ASLs less than half of the number of visits shown on the previous sampling plan?

ASL	Visits	Visits Previous
(ASL NAME	Current visits	Previous visits)

- 1. Yes
- 2. No

HALFLYAS_SPEC

Text: ♦ Specify why visits have decreased this year or were too high the last time the ASL participated

ASCLISTA

Text: **Now I have some questions about generating a report for all ambulatory surgery patients for sampling.**

Would you or your IT staff be able to generate a single list of ambulatory surgery cases for any of the following (centers/locations)?

(Name of all ASLs)

- 1. Yes
- 2. No - ONLY 2 LOGS
- 3. No - More than 2 logs

IT_CNAME

Text: **What is the name of the IT contact?**

IT_CTITLE

Text: **What is (IT contact name)'s title?**

IT_CSTRET

Text: **What is (IT contact name)'s address?**

◆ Enter number and street or press enter if same

EBILLRECA

Text: **Now I would like to ask you some questions about your (ASC/ambulatory surgery location).**

◆ If ASLs vary with respect to their use of the EHR/EMR systems, then ask these questions of the ASL with the largest number of expected visits during the reporting period.

Does your (ASC/ambulatory surgery location) submit any CLAIMS electronically (electronic billing)?

1. Yes
2. No
3. Unknown

EMEDRECA

Text:

Does your (ASC/ambulatory surgery location) use an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.

◆ Read answer categories

1. Yes, all electronic
2. Yes, part paper and part electronic
3. No
4. Unknown

EHRINSYRA

Text: **In which year did your ASL install the current EHR/EMR system?**

HHSMUA

Text: **Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?**

EHRNAMA13

Text: **What is the name of your current EHR/EMR system?**

1. Allscripts
2. Amazing Charts
3. athenahealth
4. Cerner
5. eClinicalWorks
6. e-MDs
7. Epic
8. GE/Centricity
9. Greenway Medical
10. McKesson / Practice Partner
11. NextGen
12. Practice Fusion
13. Sage/Vitera
14. Other - Specify
15. Unknown

EHRNAMOTHA

Text: [◆ Enter name of EHR/EMR system](#)

SECURCHCKA

Text: **Has your hospital made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This would help identify privacy or security related issues that may need to be corrected.**

1. Yes
2. No
3. Unknown

DIFFEHRA

Text: **Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?**

1. Yes
2. No
3. Unknown

EHRINSA

Text: **At your (ASC/ambulatory surgery location), are there plans for installing a new EHR/EMR system within the next 18 months?**

1. Yes
2. No
3. Maybe
4. Unknown

MUINCA

Text: **Medicare and Medicaid offer incentives to facilities that demonstrate "meaningful use of health IT." Does your facility have plans to apply for Stage 1 of these incentive payments?**

1. Yes, we already applied
2. Yes, we intend to apply
3. Uncertain if we will apply
4. No, we will not apply

APPLYIRA

Text: **When did you first apply?**

1. 2011
2. 2012
3. 2013
4. 2014 or later
5. Unknown

INTENDYRA

Text: **When do you intend to first apply?**

1. 2012
2. 2013 or later
3. Unknown

EDEMOGA

Text: **Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.**

Recording patient history and demographic information?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPROLSTA

Text: **Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.**

Recording patient problem list?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EVITALA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Recording and charting vital signs?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESMOKEA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Recording patient smoking status?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPNOTESA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Recording clinical notes?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDALGA

Text: **Recording patient's medications and allergies?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDIDA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Reconciling lists of patient medications to identify the most accurate list?

1. Yes, used routinely

2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EREMINDA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Providing reminders for guideline-based interventions or screening tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECPOEA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Ordering prescriptions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESCRIPA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Are prescriptions sent electronically to the pharmacy?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EWARNA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Are warnings of drug interactions or contraindications provided?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No

5. Unknown

EFORMULAA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Are drug formulary checks performed?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECTOEA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Ordering lab tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EORDERA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Are orders sent electronically?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ERESULTA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Viewing lab results?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGRAPHHA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Can the EHR/EMR automatically graph a specific patient's lab results over time?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ERADIA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Ordering radiology tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMGRESA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Viewing imaging results?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTEDUA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Identifying educational resources for patients' specific conditions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECQMA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIDPTA

Text: Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

Identifying patients due for preventive or follow-up care in order to send patients reminders?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGENLISTA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Generating lists of patients with particular health conditions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMMREGA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Electronic reporting to immunization registries?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESUMA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Providing patients with clinical summaries for each visit?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMSGA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

Exchanging secure messages with patients?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTRECA

Text:

Indicate whether your (ASC/ambulatory surgery location) **has** each of the following **computerized capabilities** and how often these capabilities are used.

Providing patients the ability to view online, download or transmit information from their medical record?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESHAREA

Text: **The next questions are about sharing (either sending or receiving) patient health information.**

Does your (ASC/ambulatory surgery location) share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

ESHAREHOWA

Text: **How does your (ASC/ambulatory surgery location) electronically share patient health information?**

◆ [Read answer categories](#)

[Enter all that apply, separate with commas](#)

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method (not fax)

ESHAREHOWOTHA

Text: ◆ [Specify other electronic method](#)

EHRTOEHRA

Text: **Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?**

1. Yes, routinely
2. Yes, but not routinely
3. No
4. Unknown

ESHAREPROVA

Text:

With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? Enter all that apply.

1. Ambulatory providers inside your hospital
2. Ambulatory providers outside your hospital
3. Hospitals with which you are affiliated
4. Hospitals with which you are not affiliated
5. Behavioral health providers
6. Long-term care providers
7. Home health providers

ASL_ONSITE

Text: ◆ [Is \(AU Name\) on-site?](#)

1. Yes
2. No

MULTIASCFLAG

Text: **** Not Displayed ****

NUMSAS

Text: **** NOT DISPLAYED ****

NUMCLINS

Text: **** NOT DISPLAYED ****

NUMASLS

Text: **** NOT DISPLAYED ****

EXIT_REFUSAL

Text: ♦ Are you exiting this case because of a refusal?

1. Yes
2. No

CALLBACKNOTES

Text: I'd like to schedule a DATE to (conduct/complete) the interview.
What DATE AND TIME would be best to visit again?

♦ Today is: ^IntDate

THANKCB

Text: Thank you.

I will call/come back at the time suggested.

♦ Revisit (Callback information)

THANKYOU

Text: This concludes the interview. Thank you for your patience, and for taking the time to answer our questions.

SET_REINT

Text: **** Non Displayed ****

HOSPREF

Text: **** Not displayed ****

REFUSED_FOR

Text: ♦ Is this refusal for the hospital, ED department, OPD department and/or Ambulatory Surgery?

Enter all that apply, separate with commas

1. Hospital
2. ED Department
3. OPD Department
4. Ambulatory Surgery

ELIGED

Text: ♦ Does this hospital have an eligible ED?

1. Yes
2. No

VSED101

Text: ♦ Enter number of expected visits for the ED

VSEDLY

Text: ♦ Enter the number of visits to the department last year

ELIGOPD

Text: ♦ Does this hospital have an eligible OPD?

1. Yes
2. No

VSOPD101

Text: ♦ Enter number of expected visits for this OPD.

VSOPDLY

Text: ♦ Enter number of OPD visits last year

ELIGASC

Text: ♦ Does this hospital have an eligible ambulatory surgery location?

1. Yes
2. No

VSASC101

Text: ♦ Enter number of expected visits

VSASCLY

Text: ♦ Enter number of ambulatory surgery visits last year

WHOMHOSP

Text: ♦ Who refused for the hospital?

1. Hospital administrator
2. Approval board or official
3. Other hospital official

WHOMHOSPSPEC

Text: ♦ Specify the name of the other hospital official who refused for the hospital

TELPERHO

Text: ♦ Was the refusal by telephone or in person for the hospital?

1. Telephone
2. In person

WHOMED

Text: ♦ Who refused for the ED Department?

1. Hospital administrator
2. ED/OPD/Ambulatory Surgery Director
3. Approval board or official
4. Other hospital official-Specify

WHOMEDSPEC

Text: ♦ Specify the name of the other hospital official who refused for the ED

TELPERED

Text: ♦ Was the refusal by telephone or in person for the ED?

1. Telephone
2. In person

WHOMOP

Universe: 3 selected in REFUSED_FOR

Text: ♦ Who refused for the OPD Department?

1. Hospital administrator
2. ED/OPD/Ambulatory Surgery Director
3. Approval board or official
4. Other hospital official-Specify

WHOMOPSPEC

Text: ♦ Specify the name of the other hospital official who refused for the OPD

TELPEROP

Text: ♦ Was the refusal by telephone or in person for the OPD?

1. Telephone
2. In person

WHOMAS

Text: ♦ Who refused for Ambulatory Surgery?

1. Hospital administrator
2. ED/OPD/Ambulatory Surgery Director
3. Approval board or official
4. Other hospital official-Specify

WHOMASSPEC

Text: ♦ Specify the name of the other hospital official who refused for the ASL

TELPERAS

Text: ♦ Was the refusal by telephone or in person for the ASL?

1. Telephone
2. In person

REASON

Text: ♦ Specify what reason was given for the refusal/breakoff

CONVHOSP

Text: ♦ Was conversion attempted for the hospital?

1. Yes
2. No

CONVED

Text: ♦ Was conversion attempted for the ED Department?

1. Yes
2. No

CONVOP

Text: ♦ Was conversion attempted for the OPD Department?

1. Yes
2. No

CONVAS

Text: ♦ Was conversion attempted for the Ambulatory Surgery?

1. Yes
2. No